



## California Home Visiting Program Supervisor - Nurse Consultant Quarterly Report

**Purpose:** The California Home Visiting Program (CHVP) requires submission of the "Supervisor-Nurse Consultant Quarterly Report" as part of the Scope of Work (SOW). The report informs the CHVP Nurse Consultants on how to assist with appropriate technical assistance to Local Health Jurisdiction (LHJ) sites. It provides a mechanism for sharing successful strategies/best practices with other LHJ sites. **Instructions:** Complete this form and submit electronically to your respective Northern or Southern CHVP Nurse Consultants on the following due dates:

Reporting Period	From	To	Due Date
1) First Report	July 1, 2012	September 30, 2012	October 31, 2012
2) Second Report	October 1, 2012	December 31, 2012	January 31, 2013
3) Third Report	January 1, 2013	March 31, 2013	April 30, 2013
4) Fourth Report	April 1, 2013	June 30, 2013	July 31, 2013

**Agency Name:**

**Program Name:**

**Reporting Period:**            to

**Model Fidelity Activities:** *Please review your SOW referring to model fidelity when writing this narrative report.*

- I. **Program Model Fidelity Indicators** (Describe the status or progress of program-related components such as staff recruitment and development, Clinical Practice, Reflective Supervision, Community Advisory Board, client enrollment and home service delivery that are critical for model fidelity)

Program Indicators	Challenges and Barriers	Strategies to Overcome Challenges/Barriers	Successes



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- II. **Implementation Status Update** (Describe the ability of the LHJ to implement the home visiting program following model requirements.)

List three current activities or successes with implementing the home visiting model.
1.
2.
3.

- III. **Major Program Changes and Developments** (Describe any program related issues that can positively or negatively affect client enrollment, home delivery services, documentation, or data input.)

List three program changes that occurred in the last three months. (For example: "The county put all employees on a two week furlough." or "Our program started offering belly casting for our clients.") If there are no program changes to report, please indicate "No program changes to report."
1.
2.
3.

- IV. **Technical Assistance Needs** (Describe areas where improved knowledge and skills for staff are needed and indicate trainings that would meet these needs and relate to the Scope of Work and model fidelity. Trainings may be provided face-to-face or via phone or webinar.)

List and describe three areas you would like your staff to receive training according to priority.
1.
2.
3.

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